



TRANSMITTAL FORM

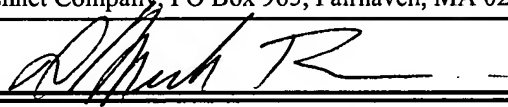
(to be used for all correspondence after initial filing)

Application Number	10/799,119
Filing Date	March 12, 2004
First Named Inventor	Douglas K. Robinson Jr. et al.
Art Unit	
Examiner Name	
Total Number of Pages in This Submission	5
Attorney Docket No.	S03-14

ENCLOSURES (check all that apply)

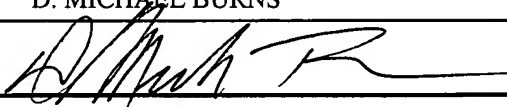
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|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form | <input checked="" type="checkbox"/> Petition |
| <input checked="" type="checkbox"/> Amendment / Reply | <input type="checkbox"/> Terminal Disclaimer |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Request for Refund |
| <input checked="" type="checkbox"/> Affidavit(s) / Declaration(s) | <input type="checkbox"/> After Allowance Communication to Group |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> Response to Missing Parts / Incomplete Application | <input type="checkbox"/> Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | Remarks |
| <input type="checkbox"/> Assignment Papers (for an Application) | |
| <input type="checkbox"/> Drawing(s) | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

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Signature		Date	May 7, 2004

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: MS-APPLICATION NO. 10/799,119, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Name	D. MICHAEL BURNS		
Signature		Date	May 7, 2004



FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

FEE TRANSMITTAL for FY 2004 <i>Effective 10/01/2003. Patent fees are subject to annual revision.</i>		Complete If Known				
		Application Number	10/799,119			
		Filing Date	May 7, 2004			
		First Named Inventor	Douglas K. Robinson Jr.			
		Examiner Name				
TOTAL AMOUNT OF PAYMENT		(\$)		130.00		
METHOD OF PAYMENT		FEE CALCULATION (continued)				
<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number 502309 Deposit Account Name Acushnet Company The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		3. ADDITIONAL FEES				
FEE CALCULATION		Large Entity				
1. BASIC FILING FEE						
Large Entity						
Fee Code	Fee (\$)	Fee Description	Fee Paid			
1001	770	Utility filing fee				
1002	340	Design filing fee				
1004	770	Reissue filing fee				
1005	160	Provisional filing fee				
SUBTOTAL (1)		(\$)		0		
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE						
Extra Fee From						
Claims Below Fee Paid						
Total Claims	- 20** = 0 × 18 = 0					
Independent Claims	- 3** = 0 × 86 = 0					
Large Entity						
Fee Code	Fee (\$)	Fee Description				
1202	18	Claims in excess of 20				
1201	86	Independent claims in excess of 3				
1204	86	**Reissue independent claims over original patent				
1205	18	**Reissue claims in excess of 20 and over original patent				
SUBTOTAL (2)		(\$)		0		
**or number previously paid, if greater; For Reissues, see above						
		*Reduced by Basic Filing Fee Paid				
		SUBTOTAL (3)		(\$)	130	
SUBMITTED BY						
Name	D. Michael Burns		Registration No.	38,400	Phone	(508) 979-3563
Signature			Date	May 7, 2004		